

LEADS Community Action Agency
CAA-HRG HOME RELIEF GRANT (OCA: CAA-HRG)
March 13, 2020 thru December 31, 2021

OVERVIEW: LEADS Community Action Agency (CAA) will be operating the Consolidated Appropriations Act Home Relief Program (CAA-HRG) between March 13, 2020 and December 31, 2021 through the Ohio Development Services Agency (Development), Office of Community Assistance (OCA). To assist low-income households with **RENT, RENTAL ARREARS, UTILITY/HOME ENERGY COSTS AND UTILITY/HOME ENERGY COST ARREARS** who are at or below 80% of Area Median income may be eligible for assistance. A basic summary of the operational requirements and related information is as follows:

- All individuals applying for assistance must complete a 3-page application and has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly to COVID-19.
- One or more individuals has qualified for unemployment during 2020-2021.
- Qualified for unemployment benefits during 2020-2021.
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability which may include **PAST DUE UTILITY OR RENT**. Unsafe or unhealthy living conditions or any other evidence of such risk (as documented).
- All applicants must also complete a CAA Intake Summary, must provide three-month income documentation but use last 30 days income to determine eligibility or calendar year 2020 and be at or below 80% of Area Median income for resident county.

Family Size	ANNUAL INCOME	30 DAY INCOME	Family Size	ANNUAL INCOME	30 DAY INCOME
1	\$ 46,950	\$3,912.50	5	\$ 72,450	\$6,037.50
2	\$ 53,650	\$4,470.83	6	\$ 77,800	\$6,483.33
3	\$ 60,350	\$5,029.17	7	\$ 83,150	\$6,929.17
4	\$ 67,050	\$5,587.50	8	\$ 88,550	\$7,379.17

- **All customer contact will be remote, by either phone, email, or a combination thereof.**
- Rental Assistance, Water, Sewer, and Arrears, Electric, Gas and Arrears, Bulk Fuel and Trash (No Court Costs) up to 12 months incurred from March 13, 2020 through December 31, 2021. No payments will be made for expenses previously paid. There are **No Cap Limits**.
- For rent, a past due notice or eviction notice from the landlord is required along with the total amount owed. The landlord must sign a Landlord Agreement and agree to its stipulations.
- For Utility and Home Energy, a copy of the utility bill demonstrating the account has been shut off, is in disconnect status or is past due.
- Individuals applying can access an application for services on the CAA website at the icon on the home page, send an email to the COVID@LEADSCAA.ORG or leave a voicemail @ 740-349-8606.
- After completing and signing the application it can be scanned and emailed to **COVID@LEADSCAA.ORG** or dropped off at the agency drop box at 160 Wilson Street, Newark, OH 43055.

- An Intake Specialist/Case Manager will contact the applicant as soon as possible and arrange for receipt of all required documentation/information.

LEADS Community Action Agency
159 Wilson Street
Newark, Ohio 43055

COVID@LEADSCAA.ORG
740-349-8606

LEADS CONSOLIDATED APPROPRIATIONS ACT HOME RELIEF GRANT (OCA: CAA-HRG)

Applicant Information

First Name	Last Name
Street Address	City, State and Zip
Social Security Number	Date of Birth
Telephone Number Land Line and/or Cell Phone	Sex Male Female
E-Mail Address	What is the best way and time to reach you?
Have you ever applied for the Home Energy Assistance Program in the past year?	If yes, indicate when and provide your client ID if you have it:
Have you received rent, mortgage, water, or sewer assistance from any other agency since March 13, 2020?	If yes, who did you receive it from? Please explain further in an email or when contacted by your case manager.

To be considered for LEADS CONSOLIDATED APPROPRIATIONS ACT HOME RELIEF GRANT (OCA: CAA-HRG) assistance an applicant must be at least 18 years of age or older; be a resident of Licking County and **qualified for unemployment during 2020-2021, qualified for unemployment benefits during 2020-2021, experienced a reduction in household income, incurred significant costs or experience other financial hardship due directly or indirectly to COVID-19, at risk of experiencing homelessness or housing instability, unsafe or unhealthy living conditions.**

Explain how you have been negatively affected by the COVID-19 pandemic.

PLEASE CHECK WHICH SERVICES YOU ARE APPLYING FOR Allowable expenses cannot be for any period prior to March 13, 2020.

- Rent Assistance:** List months applying for _____
Total Estimated Arrearage (March 13, 2020 to present) _____
- Security Deposit and First Month's Rent** _____
Total Amount Due for Each _____
- Utility Assistance:** List months applying for _____
Total Estimated Arrearage (March 13, 2020 to present) _____

REQUIRED DOCUMENTATION FOR ALL ASSISTANCE CATEGORIES IN ORDER TO PROCESS YOUR REQUEST:

- Client Intake Form – Completed and signed
- Picture ID
- Copies of Social Security cards or verification for each household member
- Proof of income for all household member 18 years or older for the past 3 months with a minimum of 30 days or calendar year 2020
- Documentation of hardship
- Completed and signed application

Rental Assistance Additional Required Documentation (in addition to above)

- Eviction or past due rent notice. Notice should include total amount due (including fees)
- If moving to a new location justification for the move (currently homeless, living with another family, etc.)
- Landlord verification/proof of ownership and agreement to receive funds.
- Lease/rental agreement

Utility Assistance Additional Required Documentation (in addition to above)

- Copy of utility bill demonstrating the account has been shut off, is in disconnect status or is past due.

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4	\$ 67,050	\$5,587.50		8	\$ 88,550	\$7,379.17

By my signature below, I declare and state under penalty of perjury the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. In addition, by my signature, I acknowledge that final approval of my CAA-HRG Home Relief Grant request is based on the established guidelines and availability of funding. I authorize the exchange of information between CAA and all providers related to my assistance. I understand that all information contained in this application is confidential.

Signature of Applicant

Date

CDBG-CV Assistance Request Related to COVID-19 Pandemic

A State of Emergency has been declared in the United States of America and the State of Ohio due to the COVID-19 global pandemic. There is no person in the country that is not affected by COVID-19. I, like thousands of others across the state, am requesting assistance to my pay my rent, mortgage and/or utility payment(s) in part or in full. I, and/or other residents in my home, have experienced the following circumstances due to the Global Pandemic and State of Emergency it has caused:

- Loss of Work / Decrease in Available Hours at Work
- Forced Work Closure
- Inability to Access or Get to Work
- Unpaid wages or Other Unpaid Compensation Ordinarily Received
- Increase in Childcare Costs
- Forced to Take Off Work due to School Closure or Childcare Change
- Self Quarantined at Home under Government or Medical Recommendation
- Stay at Home or Shelter in Place Order by any level of Government Authority
- Forced to Take Off Work to Care for a Family Member
- Personal or Family Experiencing Illness, Disability, or Mental Health Issues
- Lack of Access or Delayed Access to Healthcare
- Experience of Food Insecurity, Shortages, or Delayed Benefits
- Increase in Family Expenses due to Pandemic or Emergency Preparedness
- Unemployment Insurance Unavailable, Insufficient, or Delayed
- Emergency Assistance Unavailable, Insufficient, or Delayed
- Loss of Social, Financial, or Health Safety Net
- Fear and Concern of Future Economic and Health Insecurity and Instability
- If I Pay for Rent Now, I Will Not be Able to Meet My or My Family's Basic Needs
- OTHER: _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____

Date: _____



Landlord Verification and Agreement for Program Participation

Tenant Customer Name: _____

Property Address: _____

Please complete the table below indicating the months and amounts past due:

Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed

Landlord Agreement:

I, (Landlord/organization name) _____ agree to accept the amount provided by _____ LEADS for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to or to evict the tenant for nonpayment for the months covered through this assistance program.

Landlord Signature

Date

Landlord Name

Phone Number

Mailing Address

Email Address

Please attach a completed Form W9 with Landlord/Organization information.

CSBG INTAKE FORM

E-Mail Address: _____

SS# _____ **LAST NAME** _____ **FIRST NAME** _____
DATE OF BIRTH: _____ **ADDRESS** _____
CITY _____ **ZIP CODE** _____ **TELEPHONE ()** _____

GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ETHNICITY <input type="checkbox"/> B. BLACK/AFRICAN AMER. <input type="checkbox"/> H. HISPANIC <input type="checkbox"/> A. ASIAN <input type="checkbox"/> W. WHITE <input type="checkbox"/> N. NATIVE AMER. <input type="checkbox"/> O. OTHER					
EDUCATION <input type="checkbox"/> A. 0 - 8 <input type="checkbox"/> D. 12 + <input type="checkbox"/> B. 9-12 (NON-GRAD) <input type="checkbox"/> E. UNKNOWN <input type="checkbox"/> C. HS GRAD/GED <input type="checkbox"/> F. COLLEGE GRAD			FOOD STAMPS <input type="checkbox"/> YES <input type="checkbox"/> NO		HEALTH INSURANCE <input type="checkbox"/> A. MEDICAID <input type="checkbox"/> D. SELF-INS <input type="checkbox"/> B. MEDICARE <input type="checkbox"/> E. NONE <input type="checkbox"/> C. PRIVATE <input type="checkbox"/> F. UNKNOWN				
VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		# IN HSHLD		FAMILY TYPE <input type="checkbox"/> F. SINGLE PAR/FEMALE <input type="checkbox"/> S. SINGLE <input type="checkbox"/> M. SINGLE PAR/MALE <input type="checkbox"/> C. COUPLE <input type="checkbox"/> T. TWO PARENT <input type="checkbox"/> O. OTHER		HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS		CLIENT INCOME <input type="checkbox"/> A. WEEKLY <input type="checkbox"/> D. ANNUAL <input type="checkbox"/> B. BI-WEEKLY <input type="checkbox"/> E. 13 WEEKS <input type="checkbox"/> C. MONTHLY <input type="checkbox"/> AMOUNT:	

SOURCES OF INCOME
 A. EMPLOYMENT C. SOCIAL SECURITY E. DA G. PENSIONS I. OTHER: _____
 B. UNEMPLOYMENT D. AFDC/TANF F. SSI/SSD H. DISABILITY

SITE: _____

HOUSEHOLD MEMBERS					
SS #					
LAST NAME					
FIRST NAME					
DATE OF BIRTH					
GENDER					
DISABLED					
ETHNICITY					
EDUCATION					
HEALTH INS					
VETERAN					
INCOME: PERIOD					
AMOUNT					
SOURCE					

ID#								
UNITS								
DATE								

	NAME	DATE
INTAKE		
DATA ENTRY		

EQUAL OPPORTUNITY- It is the policy of the agency to offer equal opportunity to all-persons without regard to race, religion, national origin, sex age, political affiliation or handicap.
COMPLAINT PROCEDURES- If you have a complaint related to the completion of services that you have received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 days from the date of services. Please make your appeal in writing to: Terry Boehm, Community Service Director, 160 Wilson Street, Newark, Ohio 43055

I certify that this statement is true and correct to the best of my knowledge and authorize the release of any or all information necessary for verification purposes.

	SIGNATURE OF CLIENT	DATE
COMMENTS		

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.